

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) America Speaks PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00602623 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee Lamar Companies | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 12 / 2016</div> </div> | | |
| Mailing Address 14580 Global Parkway Suite 104 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div> | | |
| City Fort Myers | State FL | Zip Code 33913 | Transaction ID : SE.4200 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2016</div> </div> | | |
| Purpose of Expenditure Bilboard Advertising | | Category/ Type | Name of Federal Candidate TRUMP, DONALD J, , , | | |
| | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► | | |

| | | | | | |
|---|-------|---|--|--|--|
| Full Name of Payee | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> | | |
| Mailing Address | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| City | State | Zip Code | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> | | |
| Purpose of Expenditure | | Category/ Type | Name of Federal Candidate | | |
| | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cooley, William, O, ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 12 / 2016

Signature